

# New Client Personal Training Questionnaire



Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Age: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Describe your goals as they pertain to working with a trainer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why have you decided to hire a personal trainer now? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you currently exercising? List Type of Activity, Days/Week, & Minutes/Day:

\_\_\_\_\_

\_\_\_\_\_

How long have you been exercising regularly? \_\_\_\_\_

Do you know the following information?

Total Cholesterol \_\_\_\_\_ HDL Cholesterol \_\_\_\_\_ Blood Pressure \_\_\_\_\_

Do you have any significant medical concerns that would impact your ability to exercise?

Cardiovascular Disease \_\_\_\_\_

Stroke \_\_\_\_\_

Diabetes \_\_\_\_\_

Hypertension \_\_\_\_\_

Do you smoke? \_\_\_\_\_ If so, how long? \_\_\_\_\_

Who is your physician? \_\_\_\_\_ Date of last physical? \_\_\_\_\_

Muscular skeletal Issues:

Feet/Ankle \_\_\_\_\_

\_\_\_\_\_

Knees \_\_\_\_\_

\_\_\_\_\_

Hips \_\_\_\_\_

\_\_\_\_\_

Back/Spine \_\_\_\_\_

\_\_\_\_\_

Shoulders \_\_\_\_\_

\_\_\_\_\_

Elbows/Wrist \_\_\_\_\_

\_\_\_\_\_

Are you currently taking any medications? \_\_\_\_\_

\_\_\_\_\_

Have you recently been injured or undergone surgery? \_\_\_\_\_

List days of the week including weekends that are most convenient for you to meet with a trainer and times of the day: \_\_\_\_\_

\_\_\_\_\_